

**United States Bankruptcy Court
District of New Jersey**

In re Shalina J Robinson

Debtor(s)

Case No. 18-12701
Chapter 13

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:

Amended Schedule D to correct secured claim

Amended Schedule E to add domestic support obligation and IRS claims

Amended Schedule F to add claim and correct amounts

Amended Schedule I to reflect additional family support

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a), I certify that notice of the filing of the amendment(s) listed above has been given this date to any and all entities affected by the amendment as follows:

Date: May 31, 2018

/s/ David S Waltzer

David S Waltzer

Attorney for Debtor(s)

Law Offices of David S Waltzer

One Central Ave

Suite 307

Tarrytown, NY 10591

914-287-0880 Fax:914-287-0881

waltzer@waltzerlawgroup.com

Fill in this information to identify your case:

Debtor 1	Shalina J Robinson		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF NEW JERSEY</u>			
Case number (if known)	<u>18-12701</u>		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets Value of what you own	
1. Schedule A/B: Property (Official Form 106A/B)	\$ <u>400,000.00</u>
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ <u>400,000.00</u>
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ <u>4,355.00</u>
1c. Copy line 63, Total of all property on Schedule A/B.....	\$ <u>404,355.00</u>

Part 2: Summarize Your Liabilities

Your liabilities Amount you owe	
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ <u>272,000.00</u>
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <u>272,000.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ <u>8,790.68</u>
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ <u>8,790.68</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ <u>146,005.26</u>
Your total liabilities	\$ <u>426,795.94</u>

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	\$ <u>7,340.00</u>
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ <u>7,340.00</u>
5. Schedule J: Your Expenses (Official Form 106J)	\$ <u>5,667.23</u>
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ <u>5,667.23</u>

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Shalina J Robinson

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<u>11,366.00</u>
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>8,790.68</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>8,790.68</u>

Fill in this information to identify your case:

Debtor 1	Shalina J Robinson		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF NEW JERSEY</u>			
Case number (if known)	<u>18-12701</u>		

Check if this is an amended filing

Official Form 106D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	M&T Bank	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
	Creditor's Name Attn: Robert Brady / Officer One M&T Plaza Buffalo, NY 14203	Number, Street, City, State & Zip Code 560 Parker St. Newark, NJ 07104 Essex County Primary Residence	\$272,000.00	\$400,000.00	\$0.00
		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Nature of lien. Check all that apply. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Mortgage		

Date debt was incurred 2014

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here:

\$272,000.00

If this is the last page of your form, add the dollar value totals from all pages.

\$272,000.00

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Name, Number, Street, City, State & Zip Code
**CENLAR
P.O. Box 77404
Ewing, NJ 08628**

On which line in Part 1 did you enter the creditor? 2.1Last 4 digits of account number 3045

Debtor 1 **Shalina J Robinson**

First Name Middle Name Last Name

Case number (if known)

18-12701

Name, Number, Street, City, State & Zip Code
Cenlar FSB
425 Phillips Blvd.
Ewing, NJ 08618-1430

On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number 3045

Name, Number, Street, City, State & Zip Code
KML Law Group, P.C.
216 Haddon Ave., Ste. 406
Westmont, NJ 08108

On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number 0116

Name, Number, Street, City, State & Zip Code
Sheriff of Essex County
50 W Market St.
Newark, NJ 07102

On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number 0116

Name, Number, Street, City, State & Zip Code
Superior Court - NJ - Chancery Division
Essex Special Civil Part
50 W Market St.
Newark, NJ 07102

On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number 0116

Name, Number, Street, City, State & Zip Code
United States of America
c/o U.S. Attorney
970 Broad Street
Newark, NJ 07102

On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number 0116

Fill in this information to identify your case:

Debtor 1	Shalina J Robinson		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF NEW JERSEY</u>			
Case number (if known)	<u>18-12701</u>		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	Internal Revenue Service Priority Creditor's Name Department of the Treasury Post Office Box 145566 Cincinnati, OH 45214 Number Street City State Zip Code	Last 4 digits of account number	<u>\$1,756.88</u>	<u>\$1,756.88</u>	<u>\$0.00</u>
		When was the debt incurred?	<u>2015</u>		
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify <u>Tax Debt</u>			
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
	Check if this claim is for a community debt	<input type="checkbox"/>			
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Shalina J Robinson

2.2	Internal Revenue Service Priority Creditor's Name Centralized Insolvency Operati Post Office Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	Last 4 digits of account number	\$7,033.80	\$7,033.80	\$0.00
		When was the debt incurred?	2017		
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
		Estimated Tax Debt per IRS claim. This might be reduced significantly- possibly entirely when Debtor completes her tax returns for 2017.			

2.3	Prince George County Child Support Offic Priority Creditor's Name Attn: 820155793 4235 28th Ave Suite 135 Temple Hills, MD 20748 Number Street City State Zip Code	Last 4 digits of account number	Unknown	Unknown	Unknown
		When was the debt incurred?	ongoing		
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
		child support - deducted from paycheck \$1040 per paycheck (twice per month)			

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 Shalina J Robinson

<p>4.1</p> <p>Capital One Bank (USA), N.A. Nonpriority Creditor's Name 8020 Towers Crescent Dr Suite 5 Vienna, VA 22182 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$1,324.00</p> <p>When was the debt incurred? 2015</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>
<p>4.2</p> <p>Capital One Bank USA NA Nonpriority Creditor's Name Attn: General Correspondence PO Box 30285 Salt Lake City, UT 84130-0287 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number _____ \$5,236.70</p> <p>When was the debt incurred? 2015</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	
<p>4.3</p> <p>Liberty Savings Federal Credit Union Nonpriority Creditor's Name 666 Newark Ave Jersey City, NJ 07306 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number _____ \$2,293.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Loan</p>	

Debtor 1 Shalina J Robinson

4.4

Merrick Bank Corp Nonpriority Creditor's Name P.O. Box 9201 Old Bethpage, NY 11804 Number Street City State Zip Code	Last 4 digits of account number _____	\$2,003.33
Who incurred the debt? Check one.	When was the debt incurred?	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Credit Card	

4.5

U.S. Department of Education Nonpriority Creditor's Name 400 Maryland Avenue, SW Washington, DC 20202 Number Street City State Zip Code	Last 4 digits of account number _____	\$135,148.23
Who incurred the debt? Check one.	When was the debt incurred?	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	Student Loans- paid outside of Ch 13 plan-deferred for several years forward (Debtor is finishing PhD)	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address Midland Funding 2365 Northside Dr #300 San Diego, CA 92108	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.2</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____		

Name and Address Resurgent Capital Services PO Box 10587 Greenville, SC 29603-0587	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.4</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____		

Name and Address Terrance E Thorne Sr. 1103 Alhambra Ave Accokeek, MD 20607	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>2.3</u> of (Check one):	<input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____		

Name and Address US Dept of Education c/o FedLoan Servicing P.O. Box 69184	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.5</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____		

Debtor 1 Shalina J Robinson**Harrisburg, PA 17106-9184**

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	Total Claim	
	6a.	\$ 0.00
	6b. Taxes and certain other debts you owe the government	\$ 8,790.68
	6c. Claims for death or personal injury while you were intoxicated	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	\$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	\$ 8,790.68
Total claims from Part 2	Total Claim	
	6f.	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	\$ 146,005.26
	6j. Total Nonpriority. Add lines 6f through 6i.	\$ 146,005.26

Fill in this information to identify your case:

Debtor 1	Shalina J Robinson
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY
Case number (If known)	18-12701

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed
 Not employed

Debtor 2 or non-filing spouse

Employed
 Not employed

Occupation

Teacher Trainer

Employer's name

New Jersey City Public Schools

Employer's address

Jersey City, NJ 07305

How long employed there?

17 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 9,072.00	\$ 0.00
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ 0.00
4. Calculate gross Income. Add line 2 + line 3.	4. \$ 9,072.00	\$ 0.00

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

Debtor 1 Shalina J Robinson

Case number (if known)

18-12701

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 9,072.00	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,704.00	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 426.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 92.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 230.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 2,080.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: _____	5h.+ \$ 0.00	+\$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 4,532.00	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 4,540.00	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 2,200.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: <u>Help from friends and family</u>	8h.+ \$ 600.00	+\$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 2,800.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 7,340.00	+\$ 0.00
	= \$ 7,340.00	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ 0.00	
	Combined monthly income	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 7,340.00	
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	Shalina J Robinson		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	<u>18-12701</u>		

Check if this is an amended filing

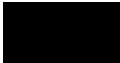
Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Shalina J Robinson

Shalina J Robinson
Signature of Debtor 1

Date May 31, 2018

X

Signature of Debtor 2

Date _____

**United States Bankruptcy Court
District of New Jersey**

In re Shalina J Robinson

Debtor(s)

Case No. 18-12701

Chapter 13

VERIFICATION OF CREDITOR MATRIX - AMENDED

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: May 31, 2018

/s/ Shalina J Robinson

Shalina J Robinson

Signature of Debtor

Capital One Bank (USA), N.A.
8020 Towers Crescent Dr
Suite 5
Vienna, VA 22182

Capital One Bank USA NA
Attn: General Correspondence
PO Box 30285
Salt Lake City, UT 84130-0287

CENLAR
P.O. Box 77404
Ewing, NJ 08628

Cenlar FSB
425 Phillips Blvd.
Ewing, NJ 08618-1430

Internal Revenue Service
Department of the Treasury
Post Office Box 145566
Cincinnati, OH 45214

Internal Revenue Service
Centralized Insolvency Operati
Post Office Box 7346
Philadelphia, PA 19101-7346

KML Law Group, P.C.
216 Haddon Ave., Ste. 406
Westmont, NJ 08108

Liberty Savings Federal Credit Union
666 Newark Ave
Jersey City, NJ 07306

M&T Bank
Attn: Robert Brady / Officer
One M&T Plaza
Buffalo, NY 14203

Merrick Bank Corp
P.O. Box 9201
Old Bethpage, NY 11804

Midland Funding
2365 Northside Dr #300
San Diego, CA 92108

Nissan Motor Acceptance Corp
Attn: Bankruptcy Dept.
P.O. Box 660360
Dallas, TX 75266

Prince George County Child Support Offic
Attn: 820155793
4235 28th Ave
Suite 135
Temple Hills, MD 20748

Resurgent Capital Services
PO Box 10587
Greenville, SC 29603-0587

Sheriff of Essex County
50 W Market St.
Newark, NJ 07102

Superior Court - NJ - Chancery Division
Essex Special Civil Part
50 W Market St.
Newark, NJ 07102

Terrance E Thorne Sr.
1103 Alhambra Ave
Accokeek, MD 20607

U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202

United States of America
c/o U.S. Attorney
970 Broad Street
Newark, NJ 07102

US Dept of Education
c/o FedLoan Servicing
P.O. Box 69184
Harrisburg, PA 17106-9184